				d
PLACE OF BIRTH				
1. County of MLA	ARIZON	A STATE BOA	RD OF HEALTH	
District of Globe	BUREAU OF VIT	AL STATISTICS	State Index No. 187	
or	- WEIGH	IVALE OF BIKIN	County Registrar No. 679	·
City of	No		Local Registrar No.	·
	birth occurred in a hos	•	St. W. Is NAME instead of street and numb If child is not yet named, m	
3 Ser of Child		L S Lesition 4.2	/ supplemental report, as direct	ed.
in event of plural	. No., in order of birth	7.	Date of birth aug. 29, 19	2
8. PATHER	14		Month day year	_
Fail name archie Dow Br	- 1	ull maiden name M	MOTHER TSlack	
9. Residence		. Residence	against Scarce	_
(Usual place of abode)	ari.	(Usual place of about 1f nonresident, give pla	1 - //4- 4	
10. Color or race	16	. Color or ruce	te and wate	_
White 11. Age at last birthe	_ 20	Lead to	. Age at last birthday 2	
12. Birthplace (city or place)ER	18.	Birthplace (city or pla		2)
(State or country)	mexico	(State or country)	Tester	-
13. Occupation	111	Occupation	9-0-0	-
Nature of industry		Nature of industry		
29. Number of children of this mother j (a) Bo	m mme		forsewife	
ertified and including this child.) (c) Sti	libern	0	CONSTORUM?	-
CERTIFICATE (OF ATTENDING PH	YSICIAN OR MIDW	IEE+	
·	(D	live or stillborn.)	0.40 m. on the date above stated.	
eWhen there was no attending physician or midwife, then the father, householder, etc., Sign should make this return. A stillborn child	nature	C. Harp	er. m. D.	
widences of life after blank	ress	-ellas	(Physician powedowide)	
supplemental report			365	
Month, day, year.	Filed /	0 1924	Liscal Registrar.	
Registrar.	Filed 4	S :22/ 19	SOLD OF	
ノヘコ	000 11	47 <i>4</i> 3	County Registrar.	
127-	807-70	100		
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the series of more than one child at a birth, a SEPARATE RETURN must be made for each; and the insulate